

State Interagency Coordinating Council

February 23, 2015

Committee on Children
State Capitol Building Room 011
Hartford, CT 06106

Dear Chairperson Bartolomeo and Urban and Members of Committee:

I am writing this letter at the request of the Birth to Three Interagency Coordinating Council (ICC) in response to HB 6805. Although we support the need for young children to have annual hearing screenings, we oppose raised bill 6805 for the following reasons:

Mark A. Greenstein, M.D.
ICC Chair/Pediatrician
Sharri Lungarini
ICC Vice Chair/Parent
Janet Brancifort
Dept. of Public Health
Vacant
Parent
Nancy DiMauro
Dept. for Children and Families
Corrine Griffin
Parent
Gerri Hanna, alternate.
Center for Excellence in DD
Cynthia Jackson
Children's Therapy Services
Lynn Skene Johnson
Dept. of Developmental Services
Vacant
State Senator
Erin Lamb
Parent
Jennifer Miner
Insurance Department
Ginny Mahoney
Dept. of Social Services
Anne Giordano
Education Connection
Lorna Quiros-Dilán
Office of Protection and Advocacy
John Reilly
*DORS - Board of Education and Services
For the Blind*
Carol Pelitier
American School for the Deaf
Maria Synodi
State Dept. of Education
Louis Tallarita
SDE-Homeless Children
Elisabeth Teller
SARAH-Kidsteps
Alice Torres
Early Head Start
Myra Watnick
Rehabilitation Associates, Inc.
Carol Weitzman, M.D.
American Academy of Pediatrics
Vacant
House of Representatives

1. Connecticut already mandates newborn hearing screening. Newborns who do not pass this initial hearing screening in their first few days are then supposed to be referred by their pediatrician to an audiologist. If a hearing loss of any severity in either ear is confirmed, then the child is automatically eligible for Birth-to-Three services. Results of newborn hearing screenings are generally considered adequate for the first year of life.
2. Children eligible for Birth to Three services who have a delay in communication are required to have an audiological test to rule out hearing loss as a factor in their speech/language delay. (Birth To Three procedure)
3. Children who have been identified by an autism screening instrument to have significant red flags for the diagnosis are required to have a audiological exam prior to testing for autism to rule out hearing loss as a contributing factor to their delay (Birth To Three procedure)
4. Some of the costs that can be anticipated for a universal hearing screening program would be for specialized equipment for hearing tests for children under three, staff training time, and staff time to conduct these annual tests. The CT Birth-to-Three program is a private provider-based system and provides services to children in their homes as required under IDEA Part C. If the hearing screening program contemplated in this bill were to be enacted, the logistics of staff , who may serve children in many different towns, and who rarely come into a central office, all having to access specialized, calibrated, and expensive equipment to test hearing in a family's home would be quite daunting. The travel with this specialized equipment would require constant re-calibration of the equipment and would presumably mean that provider agencies would need several of these pieces of equipment to keep up with the schedule of annual hearing testing.

5. This bill would require implementation of a universal hearing screening program for ONLY those children receiving services under the CT Birth To Three program. We would miss all the children that are not referred to birth to three or choose to decline services.
6. There is currently no funding for this initiative in the Governor's proposed budget for the next biennium, this could lead to unanticipated costs and logistical problems in implementing such a program

Following up on Connecticut's newborn hearing screening mandate, it may be more beneficial to all the state's children if pediatricians and other primary health care providers were to continue to do hearing screening for at-risk one and two-year-olds. This would ensure that not only children served by Birth-to-Three programs but the entire population of children under three years of age would have access to screenings from a trusted source of medical care. We understand the importance of early identification of hearing loss and the developmental, social and educational ramifications if children are not identified in the early years of life. However, it makes sense that the responsibility for ensuring that all children have regular hearing screenings lies with the child's primary health care provider.

Thank-you for your commitment, time and work for the children of Connecticut. I can be reached at (203)271-3288 .

Sincerely,

Cindy Jackson

Cindy Jackson

Legislative Chair,

CT Birth to Three Interagency Coordinating Council